| Pewision: | HCFA-PM-91-4 1991 | (BPD) | | ATTACHMENT 2.2-A Page 19 |
|--|---------------------------------|---------------------------------|--|--|
| | State: | | Kentucky | OMB No.: 0938- |
| Agency* | Citation(s) | | Groups Cov | ered |
| | B. PET HEFA | Optiona 44 (Continu | Groups Other led) | Than the Medically Needy |
| 42 CFR 1902(a (A)(ii of the IV-A |) (V) | lea el: El: the mee | ast 30 consecutions of the consecution of the conse | are in institutions for at tive days and who are special income level. In some the first day of the second in the specified in the second in t |
| | | | State covers | all individuals as described |
| t | • | | e State covers oups of indivi | only the following group or duals: |
| 1902(a) |)(10)(A) - nd 1905(a) Act | | Aged Blind Disabled Individuals21201918 Caretaker Pregnant we | |
| | | | | |
| No. ersedes | | val Date _ | OV 14 1994 | Effective Date1-1-92 |

HCFA ID: 7984E

vision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) 1991 Page 20 OMB NO.: 0938-State: Kentucky Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) Certain disabled children age 18 or 1902(e)(3) 13. under who are living at home, who of the Act would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. 1902(a)(10) $\angle X$ 14. The following individuals who are not (A) (ii) (IX) mandatory categorically needy whose income does not exceed the income level (established and 1902(1) of the Act at an amount above the mandatory level and not more than 185 percent of the Federal IV-Apoverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

NOV 1 4 1994 Effective Date _____1-1-92 rsedes Approval Date ____ 90-22

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 2.2-A

Page 21

OMB NO.: 0938-

Kentucky State: ____

Agency* Citation(s)

Groups Covered

Approval Date NOV 14 1994 No. 92-1 ersedes o. <u>90-22</u>

Effective Date ____1-1-92

HCFA ID: 7984E

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| Revision: | HCFA-PM-91-4 1991 | (BPD) | | Attachment 2.2-A Page 22 OMB No.: 0938- | |
|---|----------------------|--|---|---|--|
| State: | Kentucky | | | | |
| Agency* Cit | ations(s) | | Groups Covered | * | |
| | B. Optional | Groups Othe | r Than the Medical | ly Needy (Continued) | |
| 1902(a) (ii) (X) and 1902(m) (1) and (3) of the Act | a. 1 | Who are 65 y are disabled section 1614 Both aged an | ears of age or olde, as determined und (a)(3) of the Act. d disabled individuality group. | er or der | |
| | 1 | established the Federal | does not exceed the at an amount up to income poverty level to Attachment 2.6- | o 100 percent of el) specified in | |

the same size; and

c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in Attachment 2.6-A. Supplement 2, page. 6.

TN No. 92-1 Supersedes TN No. None

Approval Date NOV 14 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| | State: | Kentucky | | |
|-------------|---------|------------------|---------|--------------------------|
| | COVERAG | E AND CONDITIONS | OF ELI | GIBILITY |
| Citation(s) | | | Groups | Covered |
| | в. | Optional Group | s Other | Than the Medically Needy |

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act 17. Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 92-5
Supersedes 92-1

Approval Date NOV 14 1994

Effective Date 4-1-92

Revision: HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.2-A

Page 23a OMB NO.:

State/Territory: Kentucky

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 2 months.

1902(a)(10)(F) and 1902(u)(1) of the Act 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-22 Super**s**edes TN No. None

Approval Date

2-11-93

Effective Date 2-1-93

HCFA ID: 7982E

Attachment 2.2-A Page 23b

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)

- ____ 19. Optional Targeted Low Income Children who:
 - a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
 - b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in \$1902(1)(2)(D));
 - c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
 - d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in \$2110(b)(4) of the Act) but by no more than 50 percentage points.

X The State covers:

All children described above who are under age $\underline{19}$ with family income at or below $\underline{150}$ percent of the Federal poverty level.

TN No. 99-4 Supersedes TN No. 98-06

Approval Date

Effective Date 7/1/99

The following reasonable classifications of children described above who are under age ____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

1920(E)(12) of the Act

- 20. A child under age ____ (not to exceed age (19) who has been determined eligible is deemed to be eligible for a total of ____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age state above.
- 21. Children under age 19 who are determined by a "qualified entity" (as defined in \$1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Revised

Revision:

HCFA-PM-91-4 (BPD)

1991

Attachment 2.2-A

Page 24

OMB No.: 0938-

State Kentucky

| Agency* Citation | Groups Covered | | | |
|--|--|--|--|--|
| C. | Optional Coverage of the Medically Needy | | | |
| 42 CFR 435.301 IV-A | This plan includes the medically needy. | | | |
| IV-A | ∠7 No. | | | |
| | X Yes. This plan covers: | | | |
| | Pregnant women who, except for income and/or re- sources, would be eligible as categorically needy under title XIX of the Act. | | | |
| 1902(e) of the Act IV-A | Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls. | | | |
| 1902(a) (10) (C) (ii) (I) of the Act IV-A | Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902 (a)(10)(A)(i) of the Act. | | | |

| wision: | HCFA-PM-91 1991 State: | | ucky | ATTACHMENT Page 25 OMB NO.: | |
|------------------------------|---|--|--|--|--|
| Agency* | Citation(s) | | Groups Cove | red | |
| 1902(e the Ac IV-A | e)(4) of | as medically remained is deemed to he medicaid on the for one year second would remain e | | fter to is eligible teiving thild's birth been found and remains oman remains were pregnant | The child eligible for eligible or and the |
| 42 CFR IV-A | 435.308 | under th 21 20X 19 18 st | d in section C. e age of | above and who are full ondary school of vocational | who are |
| • | | eligible 19, or 1 (1) In as | le classificati individuals un 8 as specified dividuals for w suming full or | der the ages below: hom public ag partial finar | of 21, 20, gencies are |
| | | (a) | sponsibility an In foster home of). | | nder the age |
| ** Includes in gram of se | ndividuals under a condary education | ge 18 and individuals age as a full-time student, a | In private ins the age of 18 but who have not re nd are reasonably expec |). ached age 19, are i | n an accredited pro |
| No. 92 Prsedes | 2-1 ne App | roval Date NOV 1 | | tive Date | 1-1-92 |